

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000745 AT

DOCUMENT # A95000000755

1. Entity Name  
F&F FAMILY, LTD.

FILED

03 APR 24 AM 11:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
600 LAKE KATHRYN CIRCLE  
CASSELBERRY FL 32707Mailing Address  
P.O. BOX 181278  
CASSELBERRY FL 32718-1278

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City &amp; State

City &amp; State

4. FEI Number 59-3316910

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

FETTER, HILLIS R  
600 LAKE KATHRYN CIRCLE  
CASSELBERRY FL 32707

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$973,242.00

10. Amount of Capital Contributions  
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

## 12. GENERAL PARTNER INFORMATION

## 13. ADDRESS CHANGES ONLY

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FETTER, HILLIS R TRUSTEE  
600 LAKE KATHRYN CIRCLE  
CASSELBERRY FL 32707

STREET ADDRESS

CITY-ST-ZIP

900016958749

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
FETTER, ESTIE H TRUSTEE  
600 LAKE KATHRYN CIRCLE  
CASSELBERRY FL 32707

STREET ADDRESS

CITY-ST-ZIP

04/24/03--01049--019 \*\*535.00

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STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4-18-2003

407-6951138

CR2E003 (10/02)